

## Patient Informed Consent Document – InsightsQ4

**ABOUT THIS DOCUMENT:** This document aims to provide a mechanism for informed consent and explains how your information, samples and data will be used during and after the analysis. In order for us to process your sample, share your results with your medical researcher and to use your data for medical research you must confirm by signing “Page 2” of this consent document or otherwise acknowledging that you have read, understood, and agree to this Informed Consent. You are not required to undergo genomiQa’s analysis. Prior to signing this Informed Consent Document, you may wish to speak with a genetic counselor or the medical researcher for further guidance about the analysis.

**RESEARCH:** Your health history and your genetic information can help doctors and scientists understand how genomic information impacts human health. Even though you may not personally benefit, sharing this information helps doctors to provide better care for their patients, laboratories to improve processes and researchers to make discoveries that seeks to improve human health.

### DATA MANAGEMENT AND ACCESS:

Your privacy is very important to us, and we will take all appropriate measures to protect your privacy. We do not share any information like address, name, or contact information. All personal identifying information is de-identified and replaced with a unique code. Your de-identified personal and family health and genomic data with similar de-identified information from other individuals to perform research.

Your de-identified data may be submitted by genomiQa to public or private databases located in Australia or Internationally to advance medical research. These data bases include: 1) open-access databases which are publicly available to anyone with internet access and where general information, such as the health information reported by your doctor/researcher (including age, disease or gender) may be shared, and 2) controlled access databases where the information is only available to approved users. Because of the nature of this data sharing, it is unlikely that you will be notified if your information is used, and unlikely that you will receive any results. You will not be paid for your participation. You can opt out of third-party research and the database by notifying the healthcare provider or medical researcher who ordered the analysis. However, if you have agreed to share your information, data and sample in the past and later change your mind about taking part in third party research then genomiQa is unable to exclude your data or sample from research already performed with your prior permission but will cease to share your data in third party research going forward. By signing this consent document, you agree that your samples, de-identified personal and family health data and genetic data may be used in genomiQa’s internal Quality Control, Laboratory Validation Studies, External Research and Development, and Education until you inform us not to do so. For more information refer to genomiQa’s Privacy Policy (available at [www.genomiga.com](http://www.genomiga.com)).

**SAMPLE COLLECTION, PROCESSING AND DATA ANALYSIS:** A healthcare provider or medical researcher will review your information, and they will include you in the research project if it is appropriate for you. They will arrange to have samples collected from you which will be sent to genomiQa or its authorised partners to perform the analysis. You or your healthcare provider/medical researcher will need to provide relevant health information for yourself and your family. The information provided needs to be accurate and correct in order for the analysis to perform as expected. If you or another person or organisation provides this data on your behalf, by signing this informed consent document you are authorising for such information to be transferred and that the information is accurate and correct, and the data will be transferred to genomiQa for analysis.

**RISKS OF THE TEST:** There are potential risks of sharing genetic and health information which include the possibility that you could be identified based on this information, and that it could be used for insurance or employment discrimination. We believe that this is unlikely. Federal legislation in some countries (but not all) is in place to protect against some types of genetic discrimination.

## CONSENT

My signature below confirms that I have read or have had read to me this document and that I understand the information within the informed consent document. I freely and voluntarily consent to undergo this analysis, and

I confirm that:

- I have read this patient consent document, or someone has read it to me in a language that I understand
- I understand the purposes, procedures and risks of the analysis
- I have had an opportunity to ask questions and I am satisfied with the answers received
- I am the person providing the samples and am at least 18 years or age, or I am the legal guardian of the individual who is undergoing the analysis
- I am aware that I can request a copy of my whole genome data from genomiQa
- I understand that the analysis may not perform as intended or provide accurate results if I have not provided accurate and correct information
- My de-identified samples, clinical and genomic data may be used by genomiQa for research purposes and for quality assurance
- My samples will be transferred to genomiQa's authorised partners for processing and storage
- Samples which remain may be destroyed up to 10 years after use or returned to pathology labs if requested
- My sample, data and all my related personal information will be transferred to computer resources managed by genomiQa for processing and storage.
- I agree to the genomiQa Privacy Policy (available at [www.genomiga.com](http://www.genomiga.com), or upon request)

**I consent** to the use of my samples, health information and genomic data for third party research, and for genomiQa to share my de-identified individual genetic and health information in open-access and controlled-access databases which may be located in Australia or Internationally.

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Guardian Name: \_\_\_\_\_